# Exhibit B

WHOLESALE OF A REPORT 7:20-CV-01332FTAIL GERTIFICATE OF SALE 6/01/20 Habe 2 019
□ New Pused □ Demo □ Salvage □ FOO74379
VEHICLE INFORMATION: Cylinders Adult
Year Make Model Body Type: C Seating Type: C Seating
2008   BMW   M3   Conv   B1   4140   Date of Inspection Station Number
WBSWL93568P330380 1 N/A N/A
Plate/Permit Number ZFM7949 Number of Dealer Plate Loaned (Insp. Not Required) Selling Price S 1995
DEALER INFORMATION (Print Name and Address)
Explose Matel South 279 Route 32 Central Vallay, Ny 10917
PURCHASER INFORMATION (Print Name and Address)  Date of Sale  1
Stephenson, Dana, J 350 Wigh Lone Bollminster, NJOTAR 3/12/19
PRIOR OWNER INFORMATION (Print Name and Address Source of Ownership)  Date of Purchase
Brow of freePoit 29) Sunrise Highway Freeportily 12/20/18
ODOMETER DISCLOSURE STATEMENT
Federal and state laws require that you state the mileage of the vehicle described on this certificate, when transferring ownership. Failure to do so, or not telling the truth about the mileage may result in fines and/or imprisonment.
5 digits V 6 digits not including tenths
Lertify that, to the best of my knowledge, this odometer reading reflects the "ACTUAL MILEAGE" of the vehicle described above.
☐ I certify that, to the best of my knowledge, this odometer reading "EXCEEDS MECHANICAL LIMITS." (no tenths)
☐ I certify that, to the best of my knowledge, this odometer reading is "NOT THE ACTUAL MILEAGE. WARNING: ODOMETER DISCREPANCY."
I certify: The vehicle described above was sold to the purchaser on the date indicated. At the time of delivery the purchaser was entitled to register the vehicle to register the vehicle of the public highway under normal use.
The same series action that not show to a webicle sold as new wholesale, of salvage. All New York State and total the salvage and the salvage
statements made her in are purchable and Class A misdemeanor pursuant to Section 210.45 of the Felia East.  DEALER (or authorized engresseriative) - (SIGN full name) PRINT full name of dealer or authorized rep.  Date , Dealer
Fysicing Mate/Coopts 3/12/19 No. 7104719
PURCHASES Selling PRINT full name of purchaser Date Selling Dealer
Stoches 500 Dear T 2/12/19 Tax No. 75-3249 651
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ANY CHANGE OR ALTERATION VOIDS THIS CERTIFICATE
MV-50 (03/04)

2	Case 7,20 (0.58) Department of Motor Vehicles Case 7,20 (0.58) Annual Provider Laborator Vehicles Case 7,20 (0.58) Annual	Page 3 of 9
	PLEASE PRINT CLEARLY	☐ Orig ☐ Activity
O <sub>F</sub>	Old Plate             Old Class     3 of Name	Insurance Company Code
FIC	Scofflaw Case New Number(s) Plate	New Class I T P
E USE	Control Inc.	SA SO SP SS SV
ONL	Information (\$)  Permit Permit	If "Yes", enter the information below UNLESS the
DEALE	Lien Filing Code (Assigned by DMV)  Lien Follow T F M 7949 4/29/19 3 29/19 Number 7104719 Aves 10 No  Lien Filing Code (Assigned by DMV)  Reth Page FCU - File Electionic -	vehicle will be transported out-of-state (in that case, advise the lender to perfect the lien in that state).
INST	RUCTIONS → COMPLETE 1 2 4 6 and 7. WHEN 3 AND 5 APPLY, COMPLETE THOSE SECTION	NS. PLEASE PRINT CLEARLY.
1 M fc y	Transport this vehicle to register it at a location outside of New York State.  THE FOLLOWING OPTIONS CANNOT BE USED BY PLATE ISSUANCE DEALERS OR PARTNERS:  Transport this vehicle within New York State to register it in another part of New York State.  Transport this vehicle to obtain the required NYS Department of Transportation or NYS Heavy Vehicle inspect Change information on a current in-transit permit.  This vehicle will be transported  FROM (point of origin, include city and state):  TO (destination, include city and state or country):	tion (see page 2 for requirements).
2	AME OF PRIMARY REGISTRANT (Last, First, Middle)  NYS driver license number of PRIMA	
	Stephenson, Dana, J	Month Day 1991
N	AME OF CO-REGISTRANT (Last, First, Middle)  NYS driver license number of CO-REGIS	TRANT SEX DATE OF BIRTH  M F Month Day Year
The second	AY TELEPHONE (Optional)  NAME CHANGE?  ADDRESS CHANGE?  Is this registration for a corporation	How did you Rest the vehicle? New Leased New
( A	YES (refer to 5) NO YES ON O Or partnership? Yes NO NO DRESS WHERE PRIMARY REGISTRANT GETS MAIL (Include Street Number and Name, Rural Delivery or box number. This address w	(mark one)
	350 Wen lane Apt. No. City of Town Bed minster State	Somerse +
A	DDRESS WHERE PRIMARY REGISTRANT RESIDES IF DIFFERENT FROM THE MAILING ADDRESS (DO NOT GIVE A P.O. BOX, Apt. No.   City or Town   State	Zip Code
3 0	PRIVER LICENSE NUMBER OF OWNER  The owner of the vehicle must sign this section. Proof of date of birth are required.	ownership and proof of owner's name and
L	NOTE -Do not complete this section if a completed Registration  IAME OF CURRENT OWNER (Last, First, Middle)	Authorization (form MV-95) is attached.
Ë	DATE OF BIRTH Month Day Year	OWNER'S DAY PHONE NO. (Optional)  Area Code
	ADDRESS WHERE OWNER GETS MAIL (Include Street Number and Name, Rural Delivery and/or box number)	
	Apt. No. City or Town State	Zip Code County
A	SUTHORIZATION: The registrant described in 2 is authorized to register the vehicle described in 4.	re your Approph the reduction and on the united materials off
	(Signature of owner or authorized person, and signature of co-owner if applicable)	(Date)
4	EHICLE IDENTIFICATION NUMBER  VEHICLE DESCRIPTION  Year  Make  Year  Make	Station Wagon or
В	WBS WL 935 68 P 330380 08 RMM 2-Door 4-Door A Conv	ertible Suburban Other
	Color Unladen Weight	□Flex □CNG □Propane □None□Other
C	For trailers & commercial vehicles  Maximum Gross Weight  For rentals, buses & taxis  Seating Capacity  Odometer Reading in Miles  numbers? (write the numinclude tenths)	
OFFIC	Mileage Brand Prior Title Lien Lien Owner Number	LR.
	Proof Submitted (Name and Ownership)  Approved By	Stop/Response
ONLY	Reg/Title No. State Date Old Fee	Operator

	w information about a curre	nt registration or title on no	age 1 of this form I-	or more inform	ation, refer to for	m MV-82.1
"Registering/Titling a V	/ehicle in New York State".	introgistiation of the on pe	age i of unstolli.	or more miletin	ation, rotor to to	1111111-02.1
and the same of the same of the same	t the former name exactly li	ike the former name is prin	ted on the current re	egistration or ti	tle.	
CHANGES: Describe	any vehicle changes and the	e reasons for the changes.				7.9
			novement a			1575.1
	SPECTION or HEAVY VEH cial operating authority;	HICLE INSPECTION IS R	EQUIRED before re	gistration if the	vehicle carries p	assengers AND the vel
	ating capacity of 15 or more	persons:				
	tation under a contract with a		listrict;			
	n under the age of 21 to place				igious services, r	eligious instruction or l
	care centers; care or training					
	SPECTION or HEAVY VEI					th Davidonmantal
e. Is owned and open Disabilities (OPV	rated by a municipality, a pu	blic authority, or a school of	operated by, or certif	led by, the Off	ice for People W	th Developmental
	egistrant for his or her persor	nal use, and is also used to	transport children un	der the age of	21, without comp	ensation, as described
in "d" above;	-		The state of the s		2 - 2	
and the second second second second	vehicle which transports child					
For more information al	bout proof of inspection requir	rements, refer to Inspection I	Requirements for Can	riers Transporti	ng Passengers (for	m MV-82.1P).
Vehicle Inspection						
	eded to make sure you have a					
	ation above to determine if	a NYS DOT inspection or	a NYS Heavy Veh	nicle inspection	is required. If	one of these inspection
2. I certify that, to the	he best of my knowledge, thi	is vehicle has been or	has not been wro	ecked, destroye	ed or damaged to	such an extent that the
total estimate, or	actual cost, of parts and labo	or to rebuild or reconstruct	the vehicle to the cor	ndition it was it	n before an accid	ent, and for legal open
on the road or hig	ghways, is more than 75% of nti-theft examination before	the retail value of the vehi	istered and "Rebu	s. (If you man	k the "has beer	" box, the vehicle
	require a commercial operati		Yes No	iii Gaivage. It	will be printe	ou on the title.)
	the NYS DOT Perm	mb	i i es Li No			
II IES , WILLE						
and the same	☐ I.C.C. Permit No ed as an ambulette? ☐ Y	0.	mark this box if pay	ment is receiv	ed to carry passe	engers
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## Case 7:20\_evg01332-PMH Dechingent 15-3 NEIled 06/01/2017 Page 5 of 9

Tel: (845) 928-1000 www.exclusivemotorsports.net Fax: (845) 928-1001

THIS AGREEMENT IS NOT BINDING UNLESS SIGNED BY THE SELLER AND THE BUYER

DUVED	Dana Stephens		T BINDING	ONLLOO	OIGITED	:ems:	the following (	of tooldes at a	l egres this orde	
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## BETHPAGE FEDERAL CREDIT UNION CREDIT APPLICATION

Married Applicants: May apply for a separate account.

- □ Individual Credit: You must complete the Applicant section about yourself and the other section about your spouse if:
  - 1. you live in a community property state (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI).
  - 2. your spouse will use the account, or
  - you are relying on your spouse's income as a source of repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payments you are relying.

□ Joint Credit – if you are applying for a joint account or an account that you and another person will use, you must complete the applicant and Spouse Co-Applicant section

\_ Initial here if you intend to apply for Joint Credit

Date: 03/28/2019

Seller	EXCLUSIVE MOTOR SPORTS	Stock/VIN:	WBSWL93568P330380	Requeste d Amount:	25000.00	
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#### APPLICANT INFORMATION

Name:	STEPHENSO	N, DANA				
Birth date:	/1991	Driver's License:	Social Security No.:		Marital Status:	
Current Address:	350 WREN LA BEDMINSTER				How 10 Years (	
Home Phone: (908) 727-0591				Cell Phone:		
Previous Address:			,			
Current	Employer Name:	HALSTEAD		Position: AGENT	Employment Income: 4500.00	
Employer:	Work Phone:	(201) 478-6724		How long?	2 Years 0 Months	
Previous	Previous Employer Name:		8	Position:		
Employer:	Previous Employer Work Phone:			Previous Employment Length:		
Other Income:				Other Income/Source		

#### SPOUSE OR CO-APPLICANT INFORMATION

Name:							
Birth date:		Driver's License:		Social Security No.:		Marital Status:	
Current Address:						How Long:	[%CoApp.Re sidence.Time
Home Phone:			Cell Pho	one:			
Previous Address:							
Current	Employer Name:				Position:	Empl	oyment Income:
Employer:	Work Phone:				How long?		
Previous	Previous Employer Name:				Position:		
Employer:	Previous Employer Work Phone:				Previous Employment Length:		
Other Income:					Other Income Source:		

The terms "I", "ME", and "MINE" in this Application mean each of those signing below. You promise that the information stated in this Consumer Loan Application is true and correct to the best of your knowledge. The Credit Union or its agent is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and to answer questions about its credit history with you. The Credit Union may also obtain credit reports to update, increase, extend or renew credit with you. False or misleading statements in your application may cause any loan to be in default. You agree that this application shall be the Credit Union's property whether or not this application is approved. You will notify the Credit Union in writing immediately of any changes in your name, address or employment. You understand that it is a crime to willfully and deliberately provide incomplete or incorrect information to obtain credit. If you request, you will be provided the name and address of any credit bureau from which we received a credit report.

To help the government fight the funding of Terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask your name address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and other identity information.

X X Applicant Date

Co-Applicant

#### Case 7:20-cv-01332-PMH Document 25-3 Filed 06/01/20 Page 8 of 9

### Bethpage Federal Credit Union - Signature Card & Account Agreement

This	application must	be completed,	signed and included in	funding package	
PLEASE INDICATE IF THIS IS A:	☐ NEW ACCOUNT	ADDING JOIN	IT OWNER TO ACCOUNT		
MEMBERSHIP ELIGIBILITY:	LIVE WORK	□ WORSHIP □	FAMILY ATTEND SCH	HOOL   VOLUNTEER	OTHER
PLEASE INDICATE EMPLOYER, F	AMILY MEMBER, RELIGIO	OUS ORGANIZATION (	OR OTHER ORGANIZATION THRU		
		W	* *		1340,0440 (1100) 110 (1100)
Applicant			Joint Owner	C. CHILL BOWER CO.	
NAME (Last - First - MI)			NAME (Last - First - MI)	ASSESSED NO. 1 TO SEC.	
DANA STEPHENSON					
SOCIAL SECURITY NUMBER	BIRTH DATE /1991		SOCIAL SECURITY NUMBER	BIRTH DATE	
PRESENT ADDRESS (Street - City - S 350 WREN LANE		ER, NJ 07921	PRESENT ADDRESS (Street - Ci	ty - State - Zip)	
HOME PHONE	BUSINESS PHONE	EXT.	HOME PHONE	BUSINESS PHONE /	FUT
(908)727-0591	(201) 478-672	24	( )	( )	EXI.
MOTHER'S MAIDEN NAME	EMAIL ADDRESS		MOTHER'S MAIDEN NAME	EMAIL ADDRESS	
			THE THE PROPERTY OF THE PROPER	CHINICADURESS	
DRIVER'S LICENSE NUMBER	STATE OF ISSUE DATE ISSUE	ED EXPIRATION DATE	DRIVER'S LICENSE NUMBER	STATE OF ISSUE DATE ISSUE	ED EXPIRATION DATE
			RELATIONSHIP TO APPLICANT		
Types of Accounts (A	Share Savings Acco	ount is required.			WE STATE
SHARE SAVINGS	CHECKING [	MONEY MARKET	DEPOSIT	AMOUNT	
		Beneficiar	y Designation	MAN TO A CONTRACT OF THE PARTY	
BENEFICIARY #1 NAME & ADDRESS			BENEFICIARY #2 NAME & ADDRESS		
I, the undersigned, do hereby design beneficiary(ies) herein designated M and all liability to the extent of such p	nate my beneficiary(ies) list N WRITING SENT TO THE payment.			ve account(s). I hereby reserve the neficiary (ies) shall discharge the	ne right to change the Credit Union from any
I hereby make application for mon	pharebio is and sares to	Sign	natures	THE RESERVE	
I hereby make application for men this Credit Union; the information Union. I also agree to the terms a consumer account and employme	provided on this application and conditions of any account history by any necessary	on is true and correct, count that I/we have in ry means, including pa	as amended, of the Credit Union., , and my signature on this card ag the Credit Union now or in the fu reparation of a credit or consumer	I certify that I am within the fie oplies to all accounts under my iture. I authorize the Credit U report by a credit or consumer	ld of membership of name at this Credit nion to verify credit, reporting agency.
I recognize that as a member of m in conjunction with my membersh Union to obtain a consumer report	ny Credit Union, from time ip. In order to assist my from any consumer repo	to time I may be offer	rad as man sagment that and in land		
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PRIMARY MEMBER SIGNATU		DATE	JOINT MEMBER SIGNAT	URE	DATE
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PO Box 6606
Greenwood Singer, 20-605 91332-PMH Document 25-3 Filed 06/01/20 LP to Separate Agreements (800) 628-7070

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ANNUAL PERCENTAGE RATE: The cost of your credit as a yearly rate. 4.24 %	FINANCE CHARGE: The dollar amount the credit will cost you. \$ 1,462.56	Amount Financed: The amount of credit provided to you or on your behalf.	Total Payments: The amount you will have paid after you have made all payments as scheduled. \$ 17,902.56	Total Sale Price: The total cast of your purchase on credit is \$
Filing Fees Non- \$ N/A \$	Filing Insurance N/A	remainder of the loan on the original		which includes your down payment of \$ 9,392.34
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Promise to Pay: You promise to the interest rate is	pay \$ 16,440.00 t % per year. 2. These Agreeme	o the credit union plus interest on the ents are governed by the laws of	inpaid balance until what you owe has been	repaid. For fixed rate loans
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3. Collection Costs: You promise		ount you owe under this agreement inc	luding court costs and reasonable attorney	fees. The last of
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You agree that the terms and condi- all the conditions of the loan and se- and disclosure statement ("Note"). I (or paid back to the credit union by contract(s) regarding the product(s)	to pay all costs of collecting the amo SIGNAT tions in the disclosure statement and curity agreements governing this loal if you purchase optional loan produce the service provider) as compensa	ures for Loan and security agreements att in shall apply to both jointly and several ts in connection with this loan, you und tion for making these services availab	RITY AGREEMENTS  ached hereto shall apply to this loan. If there ly. You acknowledge that you have received erstand that a portion of the premium or fee le to you. You also acknowledge receipt of	e is more than one borrower, you agree to a copy of the loan and security agreement you pay will be retained by the credit unit the product application(s), disclosures, a
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